

**ATTACHMENT A**

**EXTENDED ELIGIBILITY PROCESS/PROCEDURE FOR  
COVERED SOLID ORGAN AND TISSUE TRANSPLANTS**

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REVISION DATES: 03/01/09, 11/01/06, 06/01/05, 07/01/04  
INITIAL EFFECTIVE DATE: 09/05/2002

Individuals found eligible for a transplant who subsequently lose eligibility for AHCCCS due to excess income may become eligible for one of two extended eligibility options. This extended eligibility process is authorized only for those individuals who meet **all** of the following conditions:

- Have been determined ineligible due to excess income under one of the covered Title XIX acute care groups including the medical expense deduction category
- Have been approved for a medically necessary and appropriate transplant and have been placed on a donor waiting list before eligibility expired, and
- Have entered into a contractual arrangement with the transplant facility to pay the amount of income, which is in excess of the eligibility income standards (referred to as transplant share of cost).

#### **CASE COORDINATION**

Since eligible individuals receive as little as 10 days notification by mail that their eligibility will end, it is essential that all transplant candidates receive early instructions about what to do and where to go to have eligibility redetermined.

Once the AHCCCS Division of Health Care Management (DHCM) Transplant Coordinator has been notified by the Contractor and the transplant facility that an individual is approved as a candidate for a transplant, a transplant status letter is sent to that individual. The letter informs the individual to immediately contact the Contractor Transplant Coordinator and the Transplant Facility Social Worker should he/she receive notification of pending termination from AHCCCS. In addition, the AHCCCS DHCM Transplant Coordinator will work closely with the Contractor's Transplant Coordinator to monitor the member's eligibility status for any changes.

The Contractor's Transplant Financial Coordinator is responsible for discussing the available extended eligibility options for coverage.

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The following two options for extended eligibility are available for these qualified individuals:

#### **OPTION 1**

This option is intended to extend all AHCCCS covered services.

- Extended eligibility is for one 12-month continuous period of time and is funded by Tobacco Tax funds.
- Tobacco Tax funds will be used to pay the state share of capitation, reinsurance and transplant reinsurance which is equal to the lesser of 100% of the AHCCCS contract amount for the transplantation services rendered, or the Contractor paid amount, less the transplant share of cost. For transplants received at a facility not contracted with AHCCCS, payment is made at the lesser of 100% of the lowest AHCCCS contracted amount for the transplantation services rendered, or the Contractor paid amount, less the transplant share of cost. Refer to the [Reinsurance Processing Manual](#) for further detail.
- The transplant share of cost will be determined based on the total unmet spend down requirement for the household divided by the number of individuals in the household and will be calculated by the AHCCCS Central Eligibility Unit (CEU).
- The contracting transplant facility must submit a copy of the individual's contractual agreement with the facility to the AHCCCS Division of Member Services (DMS).
- The amount of transplant share of cost shall not change once the extended period of eligibility begins.
- If an individual elects Option 1, he or she cannot switch to Option 2.

At the end of the 12-month period, the individual must qualify for AHCCCS based on regular eligibility requirements, or they will lose AHCCCS eligibility. Or, if during the 12-month period, the individual is determined to be no longer medically eligible for a transplant, their coverage will terminate at the end of that month.

**NOTE:** If during the 12-month period the individual becomes eligible for Title XIX coverage, the 12-month period continues. However, if the transplant takes place while the person is Title XIX eligible, there is no share of cost.

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#### **OPTION 2**

In this option, the individual who loses Title XIX eligibility is allowed to retain their status on the transplant donor waiting list until such time as the transplant is scheduled or performed. The individual is not eligible for any health care services from AHCCCS while waiting for the transplant unless at any time the individual qualifies for AHCCCS based on regular eligibility requirements. If the transplant facility enters into the contractual agreement with the person, the facility must allow that person to retain their transplant candidacy status, as long as the person is medically eligible. The contracting transplant facility must submit a copy of the individual's contractual agreement with the facility to DMS.

- Once the transplant is scheduled or performed, the individual must reapply for Title XIX eligibility. At re-application, if determined Title XIX ineligible solely due to excess income, the transplant share of cost will be recalculated based on current income and family size. The transplant candidate who signs a contract with the transplant facility to pay the transplant share of cost will be enrolled with an AHCCCS Contractor to receive covered services limited to applicable transplant services.
- Tobacco Tax funds will be used to pay the state share of capitation, reinsurance and transplant reinsurance which is equal to the lesser of 100% of the AHCCCS contract amount for the transplantation services rendered, or the Contractor paid amount, less the transplant share of cost. For transplants received at a facility not contracted with AHCCCS, payment is made at the lesser of 100% of the lowest AHCCCS contracted amount for the transplantation services rendered, or the Contractor paid amount, less the transplant share of cost. Refer to the Reinsurance Processing Manual for further detail.

While the person is enrolled with a Contractor, Tobacco Tax funds will be used to pay the medical cost associated with the transplant, less the transplant share of cost, if the transplant is performed within 30 days prior to the date of eligibility determination by the eligibility office.

At any time, the individual may qualify for AHCCCS based on regular eligibility requirements. If the transplant takes place while the person is Title XIX eligible, there is no share of cost.

#### **Transplant Candidate Responsibility**

When the transplant candidate receives notice of a pending termination, he/she must contact the Contractor's Transplant Coordinator to discuss the available options. Once an option is chosen, the individual must sign the contract agreeing to pay the transplant share of cost.

If a transplant candidate who has chosen Option 2 receives notification of the need for eligibility re-determination, contact the CEU to submit all necessary documents to re-determine eligibility and a new share of cost as applicable.

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If an individual is too ill to complete the above process on their own, it is the responsibility of the Contractor's Transplant Coordinator and Medical Director to coordinate with DHCM, DMS and the individual to ensure that the steps outlined to initiate the re-determination process are completed on behalf of the individual.

#### **DES Responsibility**

On a priority basis, DES, in coordination with the DMS representative, will determine if the person remains eligible for any Title XIX category; if not, then DES will transfer the case to the CEU.

#### **AHCCCS CEU Responsibility**

- Verify the individual's current transplant status with DHCM
- Calculate a transplant share of cost
- Inform the individual of the need to contact the transplant facility so they may discuss the two options and the contract for the transplant share of cost
- Fax the amount of the transplant share of cost to the financial coordinator at the transplant facility
- Process the extended eligibility application on a priority basis once a copy of the signed contract has been received from the transplant facility, and
- Notify the AHCCCS Member File Integrity Section when Option 1 has been selected to ensure eligibility status is updated on the AHCCCS member eligibility file.

If Option 2 is chosen, CEU will be responsible for recalculating the transplant share of cost at the time the transplant organ becomes available.

#### **Transplant Facility Responsibility**

The transplant facility staff must discuss the two options with the transplant candidate, verify the option chosen and determine whether a transplant share of cost contract will be signed.

A copy of the signed contract indicating the option chosen must be faxed by the transplant facility to the CEU and the responsible Contractor.

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When a hematopoietic transplant (bone marrow or hematopoietic stem cell) is performed or an appropriate solid organ is available for transplant, the transplant facility will notify the AHCCCS DHCM Transplant Coordinator, and, if the candidate is enrolled, the Contractor.

#### **Contractor Responsibility**

If the individual has chosen Option 1, enrollment with their current Contractor will continue for 12 months only.

If the individual has chosen Option 2, the individual is on a waiting list with the Transplant Facility, but is not on AHCCCS. At any time the individual may re-qualify for AHCCCS and at that time choose a Contractor or be auto-assigned to a new Contractor. The new Contractor will take responsibility for continuity of care.

Once the Contractor's Transplant Coordinator receives copies of the signed contract and the option chosen from the transplant facility, copies of the documents must be faxed to the AHCCCS DHCM Transplant Coordinator.

#### **AHCCCS DHCM Responsibility**

Once notified by the Contractor's Transplant Coordinator of the option chosen by the individual, the AHCCCS DHCM Transplant Coordinator will notify the CEU so that eligibility can be updated.

Once notified by the transplant facility of the transplant or the availability of an organ, the AHCCCS DHCM Transplant Coordinator will begin tracking all completed components of the transplant process for review and verification of dates of services for claims.

#### **Transplant Reinsurance**

Refer to the Reinsurance Processing Manual